Name In Full — Infant

Certificate of Death

Died at — Town: Kingston — County: Somerset — MARYLAND

Date 1916 — Month: Jan — Day: 3 — Age: Y. 3 Weeks M. D. — Native of: Maryland — Occupation: infant

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Robt. H. Barnes — Mother's Name: Lillie Barnes

Cause of Death — Primary: Don't Know — How long sick: 2 days

Immediate: 161 — Accident, Suicide, Homicide

Reported by: Stevenson & Pers

Address: Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. Nazarian Abundant

Seen by Coroner _____

of _____

Information contained in this certificate
ceived from _____

of _____

Name In Full

Certificate of Death

Mrs. Susan E. Bounds

Died at ~~near~~ Town Hist County Somerset MARYLAND

Date ~~1911~~ 1911 Month 1 Day 9 Age Y. 72 M. D. Native of Occupation

~~Male~~ Female White Colored Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Sulcide, Homicide

Reported by Thomas Dr. Nevre 1-11

Address

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75808

Name in Full Leah Coulbourn

Certificate of Death

Died at ('Town') Crisfield County Somerset MARYLAND

Date 1900 Month Jan Day 29 | Age Y. 81 M. D. | Native of Md | Occupation Lady

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband of

Wife

Father's Name

Mother's Name 72

Cause of Death: Primary Pneumonia | How long sick 3 days

Immediate | Accident, Suicide, Homicide

Reported by W. F. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Eliza Ann Dead

Certificate of Death

Died at Town: Eden County: Somerset MARYLAND

Date 1900 Month: Jan Day: 26 | Age Y. 77 M. 1 D. 3 | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of

Wife

Father's Name

Mother's Name

61

Cause of Death: Primary

Immediate: Neuralgia of the Stomach

How long sick: Short Time

Accident, Suicide, Homicide

Reported by D C Hallaway & Co Undertakers

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from C D Boyman

of Eden Md

Name in Full

Certificate of Death

Clara A Evans

Died at Town: Crisfield County: Somerset MARYLAND

Date 1900 Month: Jan Day: 2 | Age Y. 23 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of William R Carver

Father's Name

Mother's Name

Cause of Death: Primary, 58

Immediate Angina Pectoris

How long sick 15 minutes

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. F. Hall

Address Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Name in Full

Certificate of Death

No Name

Town

County

Died at Bucfield Somerset MARYLAND

Month Day Y. M. D.

Date 1900 Jan 10 Age 1 Native of Md Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Elias Dix

Mother's Name Luvenia

Cause of Death — Primary: Acute Bronchitis

Immediate: 69

How long sick: 5 Days

~~Accident, Suicide, Homicide~~

Reported by Isaac Fields

Address Princess Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 798PB

Name in Full — Certificate of Death

Isaac Gibbons

Died at — Town: Dublin — County: Somerset — MARYLAND

Date 1900 — Month: Jan. — Day: 16th — Age: Y. 69 M. = D. — Native of: Maryland — Occupation: Farming

Mele ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — Divorced

Number of children living 3 — 0

Husband of Wife: Sarah P. Parsons

Father's Name: Isaac Gibbons — Mother's Name: Sally Gibbons

Cause of Death — Primary: Softening of the Brain — How long sick: 12 yrs

Immediate: Paralysis — 26 — ~~Accident, Suicide, Homicide~~

Reported by: Harold H. Gibbons

Address: Hallingsworth Somerset Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Attended by Dr. Carlton Hoge

of Bethesda, Md.

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full William Asher, Highlan

Certificate of Death

Died at Town Dames Quarter County Somerset MARYLAND

Date ~~189~~ 1900 Month Jan Day 19 | Age Y. 71 M. D. | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 5

Husband of Wife Anthus Asher

Father's Name James Roberson | Mother's Name Eliza Roberson

Cause of Death: Primary Consumption | How long sick

Immediate 22d | Accident, Suicide, Homicide

Reported by W. H. Hendry (Undertaker)

Address Deals Island

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LITHARY BUREAU, 70815

Attended by Dr. Kingdon

of James Quarter

Seen by Coroner

of

Information contained in this certificate received

from Casey Rockford

of James Quarter

Name In Full Sandy Howard — Certificate of Death

Died at Town Chane County Somerset MARYLAND

Date 1900 Month Jan Day 11 | Age Y. 85 M. — D. — | Native of md. | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 1

Husband of Wife

Father's Name James Howard | Mother's Name Jennie Howard

Cause of Death — Primary 141 — How long sick 6 weeks

Immediate old age — ~~Accident, Suicide, Homicide~~

Reported by Wm M Evans

Address Deals Island [redacted] 0 10 md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79618

Attended by Dr. None

of

Seen by Coroner

of

Information contained in this certificate received

from Friends

of Home P. O.

nil

Name in Full

Certificate of Death

Bradley Dewey Jacob

Died at Town Crisfield County Somerset MARYLAND

Date 1900 Month 11 Day 19 | Age Y. 1 M. 22 D. | Native of Crisfield | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children~~ living.

Husband of
Wife

Father's Name Aron Jacobs

Mother's Name Susan

Cause of Death — Primary: Inflammation of Stomach 81

How long sick 1 Weeks

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by L. T. Simpson

Address Crisfield, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75858

Name in Full

Certificate of Death

Died at (Town) Chance (County) Somerset MARYLAND

Date 1900 Month Jan Day 18 | Age Y. 8 M. D. | Native of md | ~~Occupation~~

Male / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / Number of ~~children~~ living

Husband of
Wife

Father's Name Indiana Jones | Mother's Name Louisa Jones

Cause of Death: Primary | How long sick

Immediate Uretis 15-5-a | ~~Accident, Suicide, Homicide~~

Reported by W. N. Evans

Address Dealisland md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79995

attended by no Dr.

information as to cause of
death from Dr. S. J. Windsor
Dawes Grants P.O
Md

Name In Full

Certificate of Death

Joseph W. T. Melson

Died at Town: Deal Island County: Somerset MARYLAND

Date 1900 Month: Jan Day: 26 | Aga Y. 64 M. D. | Nativa of Md | Occupation oyster thr.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Wife~~ Husband of Hester Melson

Father's Name Stephen Melson | Mother's Nama Martha Melson

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick 6 week

Immediate: Asthenia 22a — Accident, Suicide, Homicida

Reported by Wm. Alexander

Address Deal Island Somerset Co.

Must be signed by physician, if any in attandance, otharwisa by coroner, undartakar or minister.

LIBRARY BUREAU, 70R95

Name in Full

Certificate of Death

Hermann Sydney

Died at Town: Oriole County: Somerset MARYLAND

Date 1900 Month: Jan Day: 27 | Age Y. 10 M. D. | Native of Somerset | Occupation Schoolboy

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of ———

Father's Name Flynn Sydney | Mother's Name Annie Smith

Cause of Death: Primary Cerebro Spinal Meningitis | How long sick 48 hours

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by R. L. Hoyt M.D.

Address Oriole P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Town

County

Died at MARYLAND

Date 190 Month Jan. Day 8 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

161

Cause of Death: Primary — Steam of Heart

Immediate

How long sick

Accident, Suicide, Homicide

Reported By Dr. Chas. H. Hainsworth

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name In Full

Aiuthia E Wheatley

Certificate of Death

Died at Town: Habrat County: Somerset MARYLAND

Date 1900 Month: Jan Day: 2 | Age Y. 22 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living one

~~Husband~~ Wife of John E Wheatley

Father's Name Thos Lambdon | Mother's Name Virginia Camel

Cause of Death — Primary: Pneumonia | How long sick: 10 days

Immediate: Exhaustion

Reported by P. L. Hoyt M. D.

Address Oriole P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989B

Name In Full Sam J. White col. Certificate of Death

Died at Town Deals Island County Somerset MARYLAND

Date 1900 Month 1 Day 14 Age Y. 8 M. 1 D. 14 Native of Md. Occupation —

Male / ~~White~~ / ~~Married~~ / Widow / Divorced

~~Female~~ / Colored / Single / Widower / Number of children living

Husband of

Wife

Father's Name Sam J. White Mother's Name Fannie White

Cause of Death — Primary: Pneumonia — How long sick: 13 days

Immediate: Asthenia 72 — Accident, Suicide, Homicide

Reported by Dr. G. Alexander M.D.

Address Deals Island Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full

James Willing

Certificate of Death

Died at Town. Oriole County Somerset MARYLAND

Date 1900 Month Jan Day 1 | Age Y. 3 M. D. | Native of Somerset | Occupation ———

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living ———

~~Husband~~ Wife of

Father's Name George Willing | Mother's Name Addie Wilson

Cause of Death — Primary: General Tuberculosis — How long sick 6 mos

Immediate: Asthenia — ~~Accident, Suicide, Homicide~~

Reported by R. L. Hoyt M. D.

Address Oriole P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989R

Name in Full

Certificate of Death

Sarah Wilson

Died at Town: Dames Quarter, County: Somerset, MARYLAND

Date ~~1899~~ 1900 Month: Jan. Day: 16th | Age Y. 77 M. 6 D. – | Native of Md. | Occupation –

~~Male~~ / Female | ~~White~~ / Colored | ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ | Divorced → | Number of children living 4

Husband of / Wife: Robert Wilson

Father's Name: Leatherbury | Mother's Name →

Cause of Death: Primary: Pneumonia | How long sick: 10 days

Immediate: Asthenia | ~~Accident, Suicide, Homicide~~

Reported by S. J. Windsor

Address Dames Quarter, Somerset Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79998